Effective October 1, 2000									0	<u>//</u>	104 B	289
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE] [RATE	FEE
FOR			NUMBERGELED		NUMBER EXTRA			BASIC F	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			A minus 20=		. 2			X\$ 9=	N/	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		· 2			X40=	80	OR	X80=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
• If	the difference	in column 1 is	AS AMENDED - PART II (Column 2) (Column 3) (Column 3) SMALL ENTITY (Column 2) (Column 3) (Column 3) SMALL ENTITY (Column 4) SMALL ENTITY (Column 5) SMALL ENTITY (Column 6) OR TOTAL (Column 7) OR SMALL ENTITY (Column 8) SMALL ENTITY (Column 9) OR SMALL ENTITY (Column 1) OR TOTAL (Column 1) OR TOTAL (Column 2) OR SMALL ENTITY (Column 3) OR SMALL ENTITY (Column 3) OR TOTAL (Column 3) OR SMALL ENTITY (Column 4) OR SMALL ENTITY (Column 5) OR SMALL ENTITY (Column 6) OR SMALL ENTITY (Column 6) OR SMALL ENTITY (Column 7) OR SMALL ENTITY (Column 8) OR SMALL ENTITY (Column 9) OR SMALL ENTITY (Column 8) OR SMALL ENTITY (Column 8) OR SMALL ENTITY (Column 9) OR SMALL ENTITY (Colu									
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))_					
NT A	20,700 Sec. 1000	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY			RATE	TIONAL		RATE	TIONAL FEE
EDW(Total	· 23	Minus	c	227	- /		X\$ 9=		OR	X\$18=	18
AMENDMENT	Independent	. 5		ر	5	-0	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDEN	TCLAIM		J	+135=		OR	+270=	
		(Column 1) (Column 2) (Column 3)										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMG	Total	.03	Minus	0	93	= 0]	X\$ 9=		OR	X\$18=	
AME	Independent	.5	Minus	***	5	-	-	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		J	+135=		OR	+270=	
								TOY.		OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Paralanjanton na	NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž Q	Total	· /3	Minus	"0	<i>23</i>	= 0		X\$ 9=		OR	X\$18=	
AME	Independent	· 3	Minus	٠٠٠ ر	5	1-0	1	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number